U.S. Department of Labor Office of Labor-Management Standards Washington, CG 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Name and address of person filing.  ame Oscar Owens	1 / 1 / 04 Through: 12 / 31 / 04
ame Occar Owens	4. Name, file number, and address of labor organization.
USCAI	Name A.T.U. International
	Labor Organization File Number 000 – 160
O. 8ox, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
5025 Wisconsin Avenue, N.W.	Street 5025 Wisconsin Avenue, N.W.
Washington	City Washington
ate D.C. ZIP Code + 4 20016	State D.C. ZIP Code + 4 20016
Held an interest in, engaged in transactions (including loans) with,	or derived income or other economic benefit of
Held an interest in, engaged in transactions (including loans) with, metary value from an employer whose employees your organize Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of action represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or income.
netary value from an employer whose employees your organiz  Name and address of Employer (including trade name, if any).  ame  ade Name, if any:	zation represents or is actively seeking to represent.
netary value from an employer whose employees your organize Name and address of Employer (including trade name, if any).  ame and address of Employer (including trade name, if any).  adde Name, if any:	zation represents or is actively seeking to represent.
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netary value from an employer whose employees your organize Name and address of Employer (including trade name, if any).  ame and address of Employer (including trade name, if any).  adde Name, if any:  O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or income.

Name of Person Filing Oscar Owens	File Number U- 359/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	- Lafe a Caracination	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City	·	
State ZIP Code + 4		
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name:		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$50.00 from law firm who	
Trade Name, if any:	represents A.T.U. International.	
P.O. Box, Bldg., Room No., if any		
Street 219 Fort Pitt Boulevard		
City Pittsburgh		
State PA ZIP Code + 4 15222		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$50.00	